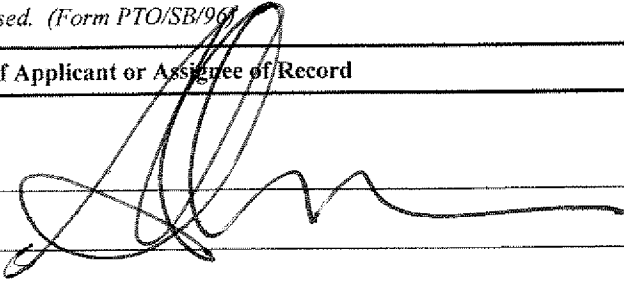


|  |                                 |                  |
|--|---------------------------------|------------------|
| <b>REVOCATION OF POWER OF ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND CHANGE OF<br/>CORRESPONDENCE ADDRESS</b> | Application No./<br>Patent No.: | 10/020,149       |
|  | Filed/Issue Date:               | December 6, 2001 |
|  | First Named Inventor            | Paul L. MASTER   |
|  | Group Art Unit                  | 2132             |
|  | Examiner Name                   | Thomas R. Peeso  |
|  | Attorney Docket<br>Number       | 046301-033000    |

|  |  |
|--|--|
| <b>I hereby revoke all previous powers of attorney given in the above-identified application.</b>  |  |
| <input type="checkbox"/> A Power of Attorney is submitted herewith.<br><br><b>OR</b><br><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">22204</span>           |  |
| <input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:<br><br><input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">22204</span> |  |
| <b>OR</b>  |  |
| <input type="checkbox"/> Firm or<br>Individual Name  |  |
| Address  |  |
| Address  |  |
| City   | State ZIP  |
| Country  |  |
| Telephone  | Fax  |
| I am the:<br><input type="checkbox"/> Applicant/Inventor.<br><br><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.<br><i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>  |  |
| <b>SIGNATURE of Applicant or Assignee of Record</b>  |  |
| Name   | <b>Gordon Campbell<br/>President and CEO<br/>QST Holdings, LLC</b>                   |
| Signature  |  |
| Date   | 9-25-07  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see blow*.  |  |
| <input type="checkbox"/> *Total of _____ forms are submitted.  |  |